

<i>SERFF Tracking Number:</i>	<i>AFLC-125782585</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Americo Financial Life and Annuity Insurance Company</i>	<i>State Tracking Number:</i>	<i>40169</i>
<i>Company Tracking Number:</i>	<i>20026</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>20026 - 2001 CSO UL LifeCrest LT</i>		
<i>Project Name/Number:</i>	<i>20026 - 2001 CSO UL LifeCrest LT/20026 - 2001 CSO UL LifeCrest LT</i>		

Filing at a Glance

Company: Americo Financial Life and Annuity Insurance Company

Product Name: 20026 - 2001 CSO UL LifeCrest SERFF Tr Num: AFLC-125782585 State: ArkansasLH
LT

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 40169
Adjustable Life

Sub-TOI: L09I.001 Single Life Co Tr Num: 20026 State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Linda Bird
Author: Christina Handy Disposition Date: 09/10/2008
Date Submitted: 09/04/2008 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: 20026 - 2001 CSO UL LifeCrest LT
Project Number: 20026 - 2001 CSO UL LifeCrest LT
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 09/10/2008
State Status Changed: 09/10/2008
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:

Deemer Date:

The enclosed Flexible Premium Adjustable Life Insurance Plan is being submitted in your jurisdiction in order to comply with the use of the 2001 CSO Mortality Table as mandated by Rule and Regulation 83. Form AAR259 was previously approved in your jurisdiction on 12/15/2003. All changes to the previously approved form are provided in the document GENERIC CHANGES 259.pdf.

<i>SERFF Tracking Number:</i>	<i>AFLC-125782585</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Company</i>		
<i>Company Tracking Number:</i>	<i>20026</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>20026 - 2001 CSO UL LifeCrest LT</i>		
<i>Project Name/Number:</i>	<i>20026 - 2001 CSO UL LifeCrest LT/20026 - 2001 CSO UL LifeCrest LT</i>		

This form will be marketed in the individual life insurance market by licensed agents of the Company.

Form 259 (08/08) contains no unusual or controversial elements and complies with the insurance laws and regulations of your jurisdiction.

Application form AAA5098, previously approved by the Department on 03/26/2007, will be the application used to apply for this policy [SERFF Tracking Number: AFLC-125102278].

Company and Contact

Filing Contact Information

Christina Handy, Associate Compliance Analyst christina.handy@americo.com
 PO Box 410288 (816) 391-2761 [Phone]
 Kansas City, MO 64141 (816) 391-2246[FAX]

Filing Company Information

Americo Financial Life and Annuity Insurance	CoCode: 61999	State of Domicile: Texas
Company		
300 West 11th Street	Group Code: 449	Company Type:
Kansas City, MO 64105	Group Name:	State ID Number:
(816) 391-2719 ext. [Phone]	FEIN Number: 35-0810610	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	Our Domicile fee is \$100.00 per filing.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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Americo Financial Life and Annuity Insurance Company	\$100.00	09/04/2008	22287023
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SERFF Tracking Number:	AFLC-125782585	State:	Arkansas
Filing Company:	Americo Financial Life and Annuity Insurance Company	State Tracking Number:	40169
Company Tracking Number:	20026		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	20026 - 2001 CSO UL LifeCrest LT		
Project Name/Number:	20026 - 2001 CSO UL LifeCrest LT/20026 - 2001 CSO UL LifeCrest LT		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/10/2008	09/10/2008

<i>SERFF Tracking Number:</i>	<i>AFLC-125782585</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Americo Financial Life and Annuity Insurance Company</i>	<i>State Tracking Number:</i>	<i>40169</i>
<i>Company Tracking Number:</i>	<i>20026</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>20026 - 2001 CSO UL LifeCrest LT</i>		
<i>Project Name/Number:</i>	<i>20026 - 2001 CSO UL LifeCrest LT/20026 - 2001 CSO UL LifeCrest LT</i>		

Disposition

Disposition Date: 09/10/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AFLC-125782585 State: Arkansas

Filing Company: Americo Financial Life and Annuity Insurance State Tracking Number: 40169
Company

Company Tracking Number: 20026

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life

Product Name: 20026 - 2001 CSO UL LifeCrest LT

Project Name/Number: 20026 - 2001 CSO UL LifeCrest LT/20026 - 2001 CSO UL LifeCrest LT

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	259 Generic Changes		Yes
Supporting Document	Actuarial Memorandum		No
Supporting Document	Exhibits		Yes
Form	Flexible Premium Adjustable Life Insurance Policy		Yes

SERFF Tracking Number: AFLC-125782585 State: Arkansas

Filing Company: Americo Financial Life and Annuity Insurance State Tracking Number: 40169
Company

Company Tracking Number: 20026

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life

Product Name: 20026 - 2001 CSO UL LifeCrest LT

Project Name/Number: 20026 - 2001 CSO UL LifeCrest LT/20026 - 2001 CSO UL LifeCrest LT

Form Schedule

Lead Form Number: AAR259 (08/08)

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AAR259 (08/08)	Policy/Cont Flexible Premium ract/Fratern Adjustable Life al Insurance Policy Certificate	Initial		51	AAR259 08-08 [8-25-08].pdf

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

A STOCK COMPANY

Home Office

[Dallas, Texas]

Administrative Office

[300 W. 11th / P.O. Box 410288 / Kansas City, Missouri 64141-0288]

(Herein called "We", "Us", "Our" or the "Company")

READ YOUR POLICY CAREFULLY

This policy is a legal contract between the Company and the Owner.

The Company will pay the proceeds of this policy as defined herein.

All payments are subject to all of the provisions of this and the following pages of this policy. This policy is issued in consideration of the application and payment of the Initial Premium.

NOTICE OF 30 DAY RIGHT TO EXAMINE THE POLICY RIGHT TO CANCEL

This policy may be cancelled by delivering or mailing a written notice or sending a telegram to Americo Financial Life and Annuity Insurance Company, [P.O. Box 410288, Kansas City, Missouri 64141-0288], and by returning the policy before midnight of the thirtieth (30th) day after the date the policy is delivered. Notice given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. The Company must return all payments made for this policy within ten days after it receives notice of cancellation and the returned policy.

COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this policy, You may call Our toll-free number [1-800-231-0801]. You may write to the Company at Our Home Office address: Americo Financial Life and Annuity Insurance Company, Attention: Policyowners Service, P.O. Box [410288, Kansas City, Missouri 64141-0288].

Signed for the Company at its Home Office.



President



Secretary

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE PLAN
DEATH BENEFIT PAYABLE AT DEATH OF INSURED
FLEXIBLE PREMIUMS PAYABLE UNTIL INSURED'S ATTAINED AGE 120
NON-PARTICIPATING - NO DIVIDENDS APPLICABLE

ALPHABETICAL INDEX

	PAGE		PAGE
Accumulation Value.....	[11]	Loan Interest.....	[14]
Additional Interest.....	[15]	Loan Value.....	[13]
After Age 120	[8]	Minimum Specified Amount.....	[10]
Age	[19]	Monthly Calculation Day	[8]
Amount and Frequency	[8]	Monthly Deduction	[11]
Annual Report.....	[19]	Monthly Expense Charges.....	[11]
Assignment of Policy	[19]	Net Premium.....	[8]
Assignment of Proceeds	[15]	Non-Participating	[19]
Basis of Computations	[13]	Owner	[8]
Beneficiary.....	[8]	Owner and Beneficiary Change.....	[8]
Cash Surrender Value	[11]	Partial Surrender.....	[12]
Change in Payments	[15]	Partial Surrender Charge.....	[12]
Change in Specified Amount.....	[10]	Payment of Proceeds	[19]
Claims of Creditors.....	[15]	Payment of Surrender Benefits	[12]
Continuation of Insurance	[12]	Payments.....	[15]
Cost of Insurance	[11]	Percentage of Accumulation Value Table	5
Cost of Insurance Rates.....	[12]	Percentage of Premium Expense Charges	[11]
Coverage Protection Guarantee.....	[13]	Planned Periodic Premium	[8]
Death Benefit.....	[10]	Policy Loan	[13]
Death of Beneficiary	[8]	Premiums	3
Effective Date of Additional Coverage.....	[8]	Proceeds.....	[19]
Effective Date/Policy Date.....	[8]	Projection of Benefits and Values.....	[20]
Election by Beneficiary	[14]	Reinstatement	[9]
Election by Owner	[14]	Repayment	[14]
Election of Options	[14]	Settlement Options	[14]
Elections, Designations, Changes and Requests	[19]	Simultaneous Death	[8]
Entire Contract	[19]	Suicide	[19]
Error in Age or Sex.....	[19]	Surrender Charge.....	[12]
Grace Period	[9]	Table of Monthly Guaranteed Cost of Insurance Rates per \$1,000	4
Guideline Premiums.....	[9]	Table of Surrender Charges	6
Incontestability.....	[19]	Termination of Policy	[20]
Indebtedness.....	[13]	Total Surrender.....	[12]
Initial Premium.....	[8]	Unscheduled Premiums	[9]
Initial Specified Amount.....	3	Where Payable	[9]
Interest Rate.....	[11]		

POLICY PROVISIONS

Death Benefit Provision.....	[10]
General Provisions	[19]
Grace Period and Reinstatement Provisions	[9]
Non-Forfeiture Provisions.....	[11]
Owner and Beneficiary Provisions	[8]
Policy Change Provisions.....	[10]
Policy Dates Provisions	[8]
Policy Loans Provisions.....	[13]
Premium Payment Provisions	[8]
Settlement Options Provisions	[14]

OPTIONAL BENEFITS

If you have purchased any optional benefits, they will be listed in the Benefit Description section of the Policy Data Page and the benefit will be inserted in the policy.

POLICY DATA PAGE

POLICY NUMBER	[SPECIMEN]
INSURED	[JOHN DOE]
AGE	[35 MALE]
PREMIUM CLASS	[STANDARD NON-NICOTINE]
POLICY EFFECTIVE DATE	[JANUARY 1, 2009]
DATE ISSUED	[JANUARY 1, 2009]
INITIAL SPECIFIED AMOUNT	[\$25,000]
MINIMUM SPECIFIED AMOUNT	[\$25,000]
INITIAL PREMIUM	[\$212.75]
PLANNED PERIODIC PREMIUM	[\$212.75]
TARGET PREMIUM	[\$212.75]
PREMIUM FREQUENCY	[ANNUAL]

PLAN FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE

BENEFIT DESCRIPTION	INITIAL SPECIFIED AMOUNT	MONTHLY COST OF INSURANCE	FIRST MONTHLY DEDUCTION	LAST MONTHLY DEDUCTION
BASIC POLICY	[\$25,000]	SEE POLICY DATA PAGE	[01/01/09]	[12/01/93]

THE GUARANTEED INTEREST RATE APPLIED IN THE CALCULATION OF THE ACCUMULATION VALUE IS 4.0%.

AT SOME FUTURE TIME, THE CASH SURRENDER VALUE MAY NOT COVER THE NEXT MONTHLY DEDUCTION. IN SUCH A SITUATION, EXCEPT AS OTHERWISE PROVIDED IN THE POLICY, THE POLICY WILL ENTER THE GRACE PERIOD AND WILL TERMINATE AT THE END OF THAT PERIOD IF SUFFICIENT PREMIUM TO COVER THE MONTHLY DEDUCTION IS NOT PAID.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
[P.O. BOX 410288 / KANSAS CITY, MISSOURI 64141-0288]

POLICY DATA PAGE
(continued)

POLICY EFFECTIVE DATE: [JANUARY 1, 2009]

TABLE OF MONTHLY GUARANTEED COST OF INSURANCE RATES PER \$1000

AGE	POLICY YEAR	RATE	AGE	POLICY YEAR	RATE
35	1	0.09338	78	44	4.95336
36	2	0.09756	79	45	5.55014
37	3	0.10340	80	46	6.22109
38	4	0.11091	81	47	6.95715
39	5	0.11758	82	48	7.74449
40	6	0.12677	83	49	8.61347
41	7	0.13762	84	50	9.59129
42	8	0.15098	85	51	10.69345
43	9	0.16684	86	52	11.92415
44	10	0.18438	87	53	13.27645
45	11	0.20360	88	54	14.74026
46	12	0.22282	89	55	16.30606
47	13	0.23870	90	56	17.89756
48	14	0.25124	91	57	19.49637
49	15	0.26712	92	58	21.20724
50	16	0.28803	93	59	23.05252
51	17	0.31480	94	60	25.04434
52	18	0.34745	95	61	27.06773
53	19	0.38512	96	62	29.09468
54	20	0.43288	97	63	31.31289
55	21	0.48653	98	64	33.74872
56	22	0.54190	99	65	36.43252
57	23	0.59563	100	66	39.08352
58	24	0.64939	101	67	41.51094
59	25	0.71245	102	68	44.17630
60	26	0.78903	103	69	47.11034
61	27	0.88254	104	70	50.33183
62	28	0.99135	105	71	53.86988
63	29	1.11047	106	72	57.80265
64	30	1.23485	107	73	62.19404
65	31	1.36452	108	74	67.12721
66	32	1.49611	109	75	72.70104
67	33	1.63388	110	76	79.04542
68	34	1.77958	111	77	83.33333
69	35	1.94349	112	78	83.33333
70	36	2.13517	113	79	83.33333
71	37	2.36856	114	80	83.33333
72	38	2.64232	115	81	83.33333
73	39	2.93178	116	82	83.33333
74	40	3.24404	117	83	83.33333
75	41	3.58551	118	84	83.33333
76	42	3.97236	119	85	83.33333
77	43	4.42467	120	86	0.00

THE MONTHLY GUARANTEED COST OF INSURANCE RATES SHOWN ABOVE ARE BASED ON THE COMMISSIONER'S 2001 STANDARD ORDINARY MORTALITY TABLE, AGE LAST BIRTHDAY AND THE INSURED'S SEX AND PREMIUM CLASS AT ISSUE. HOWEVER, THE ACTUAL COST OF INSURANCE RATES WILL NOT BE GREATER THAN THOSE SHOWN ABOVE.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
[P.O. BOX 410288 / KANSAS CITY, MISSOURI 64141-0288]

POLICY DATA PAGE
(continued)

POLICY EFFECTIVE DATE: [JANUARY 1, 2009]

PERCENTAGE OF ACCUMULATION VALUE TABLE

ATTAINED AGE	PERCENTAGE	ATTAINED AGE	PERCENTAGE
0 - 40	250%	61	128%
41	243	62	126
42	236	63	124
43	229	64	122
44	222	65	120
45	215	66	119
46	209	67	118
47	203	68	117
48	197	69	116
49	191	70	115
50	185	71	113
51	178	72	111
52	171	73	109
53	164	74	107
54	157	75 - 90	105
55	150	91	104
56	146	92	103
57	142	93	102
58	138	94	101
59	134	95 +	100
60	130		

POLICY DATA PAGE
(continued)

POLICY EFFECTIVE DATE: [JANUARY 1, 2009]

EXPENSE CHARGES

MONTHLY EXPENSE CHARGES	GUARANTEED MAXIMUM
PER \$1,000 SPECIFIED AMOUNT PER MONTH	[\$0.30762]
PER POLICY CHARGE	\$10.00

TABLE OF SURRENDER CHARGES

POLICY YEAR	SURRENDER CHARGE	POLICY YEAR	SURRENDER CHARGE
1	530.50	11	477.45
2	530.50	12	450.93
3	530.50	13	424.40
4	530.50	14	397.88
5	530.50	15	371.35
6	525.20	16	344.83
7	519.89	17	318.30
8	509.28	18	212.20
9	503.98	19	106.10
10	498.67	20 +	0.00

POLICY DATA PAGE
(continued)

POLICY EFFECTIVE DATE: [JANUARY 1, 2009]

COVERAGE PROTECTION FACTOR

1.004868

COVERAGE PROTECTION LOAD

UP TO AND INCLUDING TARGET PREMIUM: 7%

IN EXCESS OF TARGET PREMIUM: [7%]

COVERAGE PROTECTION CHARGE

POLICY YEAR	MONTHLY CHARGE	POLICY YEAR	MONTHLY CHARGE	POLICY YEAR	MONTHLY CHARGE
1	[15.96	30	[15.96	59	[17.06
2	15.96	31	15.96	60	18.48
3	15.96	32	15.96	61	19.90
4	15.96	33	15.96	62	21.31
5	15.96	34	15.96	63	22.83
6	15.96	35	15.96	64	24.48
7	15.96	36	15.96	65	26.25
8	15.96	37	15.96	66	27.98
9	15.96	38	15.96	67	29.56
10	15.96	39	15.96	68	31.27
11	15.96	40	15.96	69	33.11
12	15.96	41	15.96	70	35.04
13	15.96	42	15.96	71	37.11
14	15.96	43	15.96	72	39.31
15	15.96	44	15.96	73	41.67
16	15.96	45	15.96	74	44.19
17	15.96	46	15.96	75	46.9
18	15.96	47	15.96	76	49.77
19	15.96	48	15.96	77	52.86
20	15.96	49	15.96	78	56.15
21	15.96	50	15.96	79	59.65
22	15.96	51	15.96	80	63.40
23	15.96	52	15.96	81	67.38
24	15.96	53	15.96	82	71.63
25	15.96	54	15.96	83	76.15
26	15.96	55	15.96	84	80.96
27	15.96	56	15.96	85	86.05
28	15.96	57	15.96	86 +	0.00]
29	15.96]	58	15.96]		

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
[P.O. BOX 410288 / KANSAS CITY, MISSOURI 64141-0288]

OWNER AND BENEFICIARY PROVISIONS

Owner - The Insured is the Owner unless otherwise stated on the application or later changed. The Owner may exercise all rights granted in this policy, while the Insured is living.

Beneficiary - The beneficiary named in the application will receive the proceeds upon death of the Insured. The beneficiary is named in the application or a later writing by the Owner.

If more than one person is named as beneficiary, the proceeds will be paid in equal shares to the surviving beneficiaries, unless otherwise provided.

If the beneficiary is "children", this means children born to or legally adopted by the Insured.

Owner and Beneficiary Change - The Owner may change the Owner and the beneficiary at any time during the lifetime of the Insured unless otherwise provided in a previous designation. Any change must be in written form satisfactory to the Company.

The change will take effect on the date the request was signed, but it will not apply to any payments made by the Company before the request is received and recorded by the Company.

Death of Beneficiary - If any beneficiary dies before the Insured, that beneficiary's interest will pass to any surviving beneficiaries or contingent beneficiaries according to their respective interests.

If no beneficiary or contingent beneficiary survives the Insured, the proceeds will be paid to the Owner or the Owner's estate.

Simultaneous Death - If any beneficiary dies within fifteen (15) days after the Insured but before due proof of the Insured's death is received by the Company, the proceeds will be paid as if the beneficiary died before such Insured.

POLICY DATES PROVISIONS

Effective Date/Policy Date - The Effective Date is the effective date for all coverage issued on the basis of the original application. Policy years, policy anniversaries and Monthly Calculation Days are computed from the Policy Date. The Effective Date and the Policy Date are shown on the Policy Data Page.

After Age 120 – No Cost of Insurance will be deducted.

Monthly Calculation Day - The Monthly Calculation Day is the same day each month as the day of the Policy Date. If that day does not occur in any month the Monthly Calculation Day will occur on the next prior day.

PREMIUM PAYMENT PROVISIONS

Initial Premium - The Initial Premium is the premium due on the Policy Date.

Net Premium - A Net Premium is the amount received by the Company as premium **less** the total of the Percentage of Premium Expense Charges shown on the Policy Data Page.

Planned Periodic Premium - The Planned Periodic Premium is the premium shown on the Policy Data Page.

Amount and Frequency - The Owner may change the amount of Planned Periodic Premium. The Company reserves the right to limit the amount of any increase.

PREMIUM PAYMENT PROVISIONS

(continued)

The frequency of premium payment shown on the Policy Data Page will serve only as an indication of the Owner's preference as to probable future frequency of payment.

The Owner may change the frequency of Planned Periodic Premium at any time. Each premium payment will be credited by the Company as described in the **Accumulation Value** provision.

A check or draft given for all or part of a premium, unless paid upon its presentation to the bank or person drawn on, shall not be considered as payment.

Unscheduled Premiums - Additional premiums may be paid at any time before the Insured's Age 120. The Company reserves the right to limit the number and amount of additional premium payments.

Where Payable - Premiums are payable in advance to the Company at its Home Office. Premiums may be paid to an authorized representative of the Company upon delivery of a receipt signed by the President, Vice President, or Secretary.

GRACE PERIOD AND REINSTATEMENT PROVISIONS

Grace Period - Subject to the Coverage Protection Guarantee provision, if the policy on any Monthly Calculation Day will not continue pursuant to the **Continuation of Insurance** provision, a grace period of 61 days from such Monthly Calculation Day will be allowed to pay a premium that will cover the monthly deduction.

The Company will send a written notice thirty (30) days before the end of the grace period to the Owner's last address shown in the Company's records. If the Insured dies during the grace period, any past due monthly deductions will be deducted from the proceeds. The policy will remain in force during the grace period, unless surrendered.

Guideline Premiums - The Company will not accept any premium if it causes the sum of premiums paid for the policy to exceed the Guideline Premium limitation. The Guideline Premium limitation is the greater of:

- (a) the single premium at issue, or
- (b) the sum of level premiums, at the attained age.

If a premium in excess of the Guideline Premium limitation is received, the excess will be refunded to the Owner unless otherwise specified in writing.

When a change is made under the **Policy Change Provisions**, the Guideline Premium limitation will be adjusted. The new limitation will be effective on the date shown on a supplemental Policy Data Page.

Reinstatement – The policy may be reinstated within three (3) years after the date of termination and prior to the Insured's age 120 if the policy has not been surrendered for cash. The requirements for reinstatement are:

- (a) evidence of insurability satisfactory to the Company must be submitted;
- (b) a minimum premium sufficient to keep the policy in force for two months must be paid; and
- (c) any Indebtedness must be paid or reinstated.

GRACE PERIOD AND REINSTATEMENT PROVISIONS

(continued)

The effective date of a reinstated policy will be the Monthly Calculation Day on or next following the day the Company approves the application for reinstatement.

Upon reinstatement, Surrender Charges will be based upon the Policy Date shown on the original Policy Data Page.

The **Suicide** and **Incontestability** provisions will apply from the effective date of reinstatement. If the policy has been in force for two (2) years during the lifetime of the Insured, it will be contestable only as to statements made in the reinstatement application, except in the case of fraud.

DEATH BENEFIT PROVISION

Death Benefit - Upon receipt by the Company at its Home Office of due proof that the Insured died while this policy was in force, the Company will pay to the beneficiary a Death Benefit.

The Death Benefit is equal to the greater of:

- (a) the Specified Amount on the date of death, or
- (b) the Accumulation Value on the date of death **multiplied** by the percentage at the attained age as shown in the Percentage of Accumulation Value Table on the Policy Data Page.

POLICY CHANGE PROVISIONS

Minimum Specified Amount - The Minimum Specified Amount permitted under this policy is shown on the Policy Data Page.

Change in Specified Amount - At any time after the first policy year, upon written request the Specified Amount may be changed, but no increases will be allowed. Decreases in Specified Amount are subject to the following conditions:

- (a) Any decreases will be effective on the Monthly Calculation Day on or next following receipt of the request by the Company. A decrease will be applied against the Current Specified Amount.
- (b) The Specified Amount remaining in force after any requested decrease may not be less than the Minimum Specified Amount shown on the Policy Data Page.
- (c) The Accumulation Value will be reduced by the same percentage of the Surrender Charge as the percentage reduction in the Specified Amount. Future Surrender Charges will be reduced by the percentage of reduction in the Specified Amount.

NON-FORFEITURE PROVISIONS

Accumulation Value - The Accumulation Value on the Date Issued will be the Initial Net Premium.

The Accumulation Value on a Monthly Calculation Day will be calculated as (a) **minus** (b) **plus** (c) **plus** (d) **minus** (e) **minus** (f) where:

- (a) is the Accumulation Value on the preceding Monthly Calculation Day;
- (b) is any partial surrenders since the preceding Monthly Calculation Day;
- (c) is one month's interest on item (a) **minus** (b);
- (d) is the Net Premiums received since the preceding Monthly Calculation Day **plus** interest;
- (e) is the monthly deduction for the preceding Monthly Calculation Day;
- (f) is one month's interest on item (e).

On any day other than a Monthly Calculation Day, the Accumulation Value will be calculated as (a) **minus** (b) **plus** (d) **minus** (e) using the definitions above.

Cash Surrender Value - The Cash Surrender Value is the Accumulation Value at the time of surrender; **less** any Indebtedness; and **less** the Surrender Charge, if any.

Percentage of Premium Expense Charges - The Percentage of Premium Expense Charges for the policy and riders, if any, are subject to a guaranteed maximum and are shown on the Policy Data Page. The Percentage of Premium Expense Charges are deducted from premiums received by the Company.

Monthly Deductions - The monthly deduction for a policy month will be calculated as (a) **plus** (b) where:

- (a) is the cost of insurance **plus** the cost of insurance for additional benefits provided by rider, if any, for the policy month; and
- (b) is the Monthly Expense Charge **plus** the Monthly Expense Charges for any additional benefits provided by rider, if any, as shown on the Policy Data Page.

Monthly Expense Charges - The guaranteed maximum Monthly Expense Charges for the policy are shown on the Policy Data Page. The Monthly Expense Charges for riders, if any, are shown on a rider Policy Data Page. The Monthly Expense Charges are included in the monthly deduction.

Interest Rate - The guaranteed interest rate applied in the calculation of the Accumulation Value is shown on the Policy Data Page. Interest in excess of the guaranteed interest rate may be applied in the calculation of the Accumulation Value at such increased rates and in such manner as the Company may determine.

Cost of Insurance - The cost of insurance for the policy is calculated as (a) **multiplied** by the result of (b) **minus** (c) where:

- (a) is the cost of insurance rates as described in the **Cost of Insurance Rates** provision;
- (b) is the Death Benefit at the beginning of the policy month **divided** by the sum of 1.0 **plus** the monthly equivalent of the guaranteed interest rate; and
- (c) is the Accumulation Value on the Monthly Calculation Day.

Divide the result by \$1,000.

The cost of insurance for any rider is calculated as described in the **Cost of Insurance** provision of the applicable rider.

NON-FORFEITURE PROVISIONS

(continued)

Cost of Insurance Rates - The cost of insurance rates for the policy are based on the policy year, the Insured's attained age, sex and Premium Class on the Policy Date.

The basis for the monthly guaranteed cost of insurance rates is shown on the Policy Data Page.

Monthly cost of insurance rates will be determined by the Company. The monthly cost of insurance rates will not be greater than those shown on the Policy Data Page.

The monthly cost of insurance rate for any rider is shown on the Rider Data Page of the applicable rider.

Surrender Charge - The Surrender Charge is shown on the Policy Data Page.

Partial Surrender Charge - A Partial Surrender Charge is a percentage of the Surrender Charge equal to the percentage reduction in the Specified Amount, but in no event less than twenty dollars (\$20.00).

Total Surrender - The Owner may surrender the policy before the policy terminates or the Death Benefit becomes payable by making a written request for surrender.

This policy or a lost policy statement must be returned to the Company. Payment of the Cash Surrender Value will terminate this policy and the Company's liability under the policy.

Partial Surrender - Partial surrender means a surrender of less than the full Cash Surrender Value of this policy.

The Owner may partially surrender this policy before it terminates or the Death Benefit becomes payable. Any partial surrender is subject to the following conditions:

- (a) the Company must receive a written request stating the amount of the requested surrender, which must be for \$500.00 or more;
- (b) the partial surrender will equal the amount requested **plus** the Partial Surrender Charge, if any;
- (c) only one partial surrender may be made in a policy year; and
- (d) partial surrenders will reduce the Specified Amount by the amount of the partial surrender, not including the Partial Surrender Charge.

The Specified Amount remaining in force after any partial surrender may not be less than the Minimum Specified Amount shown on the Policy Data Page.

Payment of Surrender Benefits - Any surrender benefits will be paid to the Owner. The Company may delay payment for up to six (6) months from the date a surrender request is received. This will not be done if partial surrender is to be applied to pay premiums on policies with the Company. If the laws of the state in which this policy is delivered require us to pay Interest, Interest will be paid at a rate not less than that required by law.

If a surrender is requested within thirty (30) days after a policy anniversary, the Cash Surrender Value will not be less than the Cash Surrender Value on that anniversary, **less** any policy loans or partial surrenders made on or after such anniversary.

Continuation of Insurance - The insurance under this policy will continue until the Monthly Calculation Day on which the Cash Surrender Value will not cover the monthly deduction for the following month.

The amount of insurance under the policy is the Death Benefit as defined in the **Death Benefit Provision**. The amount of insurance under any rider is the death benefit of the rider.

NON-FORFEITURE PROVISIONS

(continued)

While this policy is in force under this provision, it may be surrendered for its Cash Surrender Value in accordance with the **Total Surrender** provision.

Coverage Protection Guarantee - The Policy will continue and will not terminate on any Monthly Calculation Day if the Coverage Protection Balance equals or exceeds zero (0). This provision will control over the Continuation of Insurance provision.

The Coverage Protection Balance on the Policy Date is equal to premiums paid less the Coverage Protection Load. The Coverage Protection Balance on each Monthly Calculation Day is equal to the sum of a. plus b. minus c. minus d. times e. or $(a+b-c-d) \times e$ where :

- a. is the Coverage Protection Balance as of the prior Monthly Calculation Day;
- b. is the premiums paid since the prior Monthly Calculation Day less the Coverage Protection Load;
- c. is the sum of all Partial Surrenders since the prior Monthly Calculation Day;
- d. is the Coverage Protection Charge; and
- e. is the Coverage Protection Factor.

The Coverage Protection Load, the Coverage Protection Charge and Coverage Protection Factor are shown on the Policy Data Page.

If the Policy is reinstated the Coverage Protection Guarantee will also be reinstated if the premium paid is at least sufficient that the Coverage Protection Balance, calculated from the original Policy Date through the second Monthly Calculation Day following reinstatement with no new Indebtedness and no new Partial Surrenders, is at least zero (0).

Payment of only the premiums required to satisfy the Coverage Protection Guarantee may not allow the advantage of building up significant Accumulation Value.

Basis of Computations - The non-forfeiture values for this policy are equal to or greater than those required by law. The non-forfeiture values are calculated in accordance with the Standard Non-Forfeiture Law. A detailed statement of the method of computing values has been filed with the insurance supervisory official of the state in which this policy is delivered.

Settlement options are based upon the [Annuity 2000 Table, Age Last Birthday], and an annual effective interest rate of [1.5%].

POLICY LOANS PROVISIONS

Policy Loan - After the first policy year, the Owner may obtain a loan while this policy is in force and on the sole security thereof.

Loan Value - The loan value is the Cash Surrender Value as of the date of the loan.

The Company may defer making a loan for not more than six (6) months after application for the loan is made unless the loan is to pay premiums on policies with the Company.

Indebtedness - Indebtedness means all existing loans on this policy **plus** earned interest which has either accrued or been added.

POLICY LOANS PROVISIONS

(continued)

If at any time the total Indebtedness equals or exceeds the Accumulation Value **less** the Surrender Charge, then the Coverage Protection Guarantee will not prevent the Policy from terminating without value. At least thirty (30) days before the date the policy terminates without value, a notice will be sent to the last known address of the Owner and any assignee of record.

Repayment - A loan may be repaid at any time while this policy is in force. A loan that exists at the end of the grace period may not be repaid unless this policy is reinstated.

Loan Interest - Loan interest will accrue from the date each loan is made. Loan interest is payable in advance at the beginning of each policy year or when a loan is made or increased. If interest is not paid when due, it will be added to the loan and bear interest on the same terms as the loan.

After a loan is made, the remaining Cash Surrender Value must be sufficient to provide for the monthly deduction until the next policy anniversary.

Except as provided below, a loan secured by this policy will bear interest at the rate of 5.66% per year in advance (6.00% effective rate).

The Owner may be eligible for a loan at an interest rate of 3.85% per year in advance (4.00% effective rate). Such 3.85% loan may be taken if the effective date of the loan is on or after:

- (a) the tenth (10th) policy anniversary, if the Insured, was age 55 or less on the Policy Date; or
- (b) the Insured's sixty-fifth (65th) birthday, if the Insured was age 56 to 60 on the Policy Date; or
- (c) the fifth (5th) policy anniversary, if the Insured was age 61 or more on the Policy Date.

The maximum amount which may be loaned during any one policy year at an interest rate of 3.85% per year, may not exceed 15% of the Cash Surrender Value at the end of the preceding policy year.

Amounts loaned in excess of the maximum amount, at an interest rate of 3.85% per year during any one policy year, will bear interest at an interest rate of 6.00%.

SETTLEMENT OPTIONS PROVISIONS

Election of Options - Any amount payable at the death of the Insured or any other termination of this policy will be paid in one sum unless otherwise provided. All or part of this sum may be applied to any settlement option.

Payment under a combination of options, or payment to joint or successive payees, or payment to a beneficiary that is not a natural person may be elected only with the consent of the Company.

Any election must be made in writing to the Company. The Company may require the policy for endorsement.

Election by Owner - During the lifetime of the Insured, the Owner may elect to have the proceeds paid under one of the settlement options contained in this section.

Election by Beneficiary - At the time proceeds are payable, the beneficiary may elect one of the settlement options if proceeds are available to the beneficiary in one sum. The beneficiary has 12 months after payment becomes due to elect one of the settlement options contained in this section.

SETTLEMENT OPTIONS PROVISIONS

(continued)

Payments - Payments will be made monthly unless otherwise elected. The Company has the right to change the frequency of payments in order to make a periodic payment of at least [\$50].

The option date under Options 1, 2 and 3 is the date the proceeds are payable, or the date of election, whichever is later. Interest under Options 4 and 5 will accrue from such date.

Under Option 3, proof of the age of the payee will be required at the time the first payment is due. The Company reserves the right to require proof that the payee is alive at the time of each payment.

Claims of Creditors - To the extent permitted by law, proceeds will not be subject to any claims of a payee's creditors.

Assignment of Proceeds - The proceeds payable under one of these options may not be assigned.

Additional Interest - Additional interest, if any, paid over the guaranteed [1.5%], will be in an amount and by a method determined by the Company.

Change in Payments - Partial withdrawals under Options 1 and 2 may not be made. All payments under Options 1 and 2 may be paid in one sum only with the consent of the Company. The value of any one sum payment will be the sum of any remaining guaranteed payments discounted at an interest rate of not less than 1.5% compounded annually.

Payments under Option 3 will be commuted only in the event of death of the payee. Any payments that remain to be paid under Option 3 at the death of the payee will be paid in one sum. The value of the one sum payment will be the sum of the remaining guaranteed payments, discounted at an interest rate of not less than [1.5%] compounded annually.

The minimum proceeds that may be applied under Option 4 or 5 is \$1,000. The payee does not have the right to withdraw any portion of the proceeds under Option 4.

The minimum proceeds that may be applied or may remain after a withdrawal under Option 5 is \$1,000. The minimum amount that may be withdrawn is \$1,000. Proceeds less than this amount will be paid in one sum to the payee.

Option 1 - Equal Payments for a Guaranteed Period: Equal monthly payments for the number of years elected, not to exceed twenty-five (25) years. Payments will begin on the option date.

Guaranteed Minimum Monthly Payment for Each \$1,000 of Net Proceeds

Years	Income	Years	Income
1	\$83.90	14	\$6.59
2	42.26	15	6.20
3	28.39	16	5.85
4	21.45	17	5.55
5	17.28	18	5.27
6	14.51	19	5.03
7	12.53	20	4.81
8	11.04	21	4.62
9	9.89	22	4.44
10	8.96	23	4.28
11	8.21	24	4.13
12	7.58	25	3.99
13	7.05		

SETTLEMENT OPTIONS PROVISIONS

(continued)

Option 2 - Equal Payments of a Specified Amount: Equal monthly payments of at least \$50.00 per month. Payments will begin on the option date and will continue until the proceeds and interest at the rate of [1.5%] compounded annually are exhausted.

Option 3 - Equal Payments for Life: Equal monthly payments for life, or a guaranteed period of ten (10), fifteen (15) or twenty (20) years as elected and for life thereafter as shown in the tables contained in this section.

Option 4 - Proceeds Left at Interest - Withdrawals Not Allowed: The proceeds may be left with the Company for a period of one (1) to twenty-five (25) years. Interest on the proceeds will be paid at the rate of [1.5%] compounded annually. The interest may be left with the Company to accumulate or be paid at the following rate for each \$1,000 of net proceeds.

- (1) Annually [\$15.00].
- (2) Semi-Annually [\$7.47].
- (3) Quarterly [\$3.73].
- (4) Monthly [\$1.24]

At the end of the period selected, the proceeds with accrued interest will be paid in one sum unless otherwise provided in the election.

Option 5 - Proceeds Left at Interest - Withdrawals Allowed: The proceeds may be left with the Company for a period of one (1) to twenty-five (25) years. Interest on the proceeds will be paid at the rate of [1.5%] compounded annually. The interest may be left with the Company to accumulate or be paid at the following rate for each \$1,000 of net proceeds.

- (1) Annually [\$15.00].
- (2) Semi-Annually [\$7.47].
- (3) Quarterly [\$3.73].
- (4) Monthly [\$1.24].

The payee may withdraw portions of the proceeds under this Option 5 by submitting a written request to the Company. At the end of the specified period, any remaining proceeds with accrued interest will be paid in one sum.

SETTLEMENT OPTIONS PROVISIONS

(continued)

**GUARANTEED BASIS – [Annuity 2000 Table, Age Last Birthday] with [1.50%] interest
Monthly Payments Per \$1,000 of Net Proceeds**

OPTION 3 - MALE RATES

Age of Payee	Life Income Only	Life Income with Fixed Period Certain of:		Age of Payee	Life Income Only	Life Income with Fixed Period Certain of:	
		10 Years	20 Years			10 Years	20 Years
[5	[1.85	[1.85	[1.85	[56	[3.77	[3.73	[3.55
6	1.86	1.86	1.86	57	3.87	3.82	3.62
7	1.88	1.88	1.88	58	3.98	3.92	3.69
8	1.89	1.89	1.89	59	4.09	4.02	3.76
9	1.91	1.91	1.90	60	4.21	4.13	3.83
10	1.92	1.92	1.92	61	4.34	4.24	3.90
11	1.94	1.94	1.93	62	4.47	4.36	3.97
12	1.95	1.95	1.95	63	4.62	4.49	4.04
13	1.97	1.97	1.97	64	4.77	4.62	4.10
14	1.99	1.98	1.98	65	4.93	4.76	4.17
15	2.00	2.00	2.00	66	5.11	4.90	4.24
16	2.02	2.02	2.02	67	5.30	5.05	4.30
17	2.04	2.04	2.03	68	5.49	5.20	4.36
18	2.06	2.06	2.05	69	5.71	5.36	4.41
19	2.08	2.08	2.07	70	5.93	5.53	4.47
20	2.10	2.10	2.09	71	6.17	5.70	4.51
21	2.12	2.12	2.11	72	6.43	5.87	4.56
22	2.14	2.14	2.13	73	6.70	6.05	4.60
23	2.16	2.16	2.16	74	6.99	6.23	4.63
24	2.19	2.18	2.18	75	7.31	6.41	4.67
25	2.21	2.21	2.20	76	7.64	6.59	4.69
26	2.24	2.23	2.23	77	8.00	6.78	4.72
27	2.26	2.26	2.25	78	8.38	6.96	4.74
28	2.29	2.29	2.28	79	8.79	7.13	4.75
29	2.32	2.31	2.31	80	9.23	7.31	4.77
30	2.34	2.34	2.33	81	9.70	7.47	4.78
31	2.37	2.37	2.36	82	10.20	7.63	4.79
32	2.41	2.40	2.39	83	10.73	7.78	4.80
33	2.44	2.44	2.43	84	11.30	7.93	4.80
34	2.47	2.47	2.46	85	11.90	8.06	4.81
35	2.51	2.50	2.49	86	12.55	8.18	4.81
36	2.55	2.54	2.53	87	13.23	8.29	4.81
37	2.58	2.58	2.56	88	13.96	8.40	4.81
38	2.62	2.62	2.60	89	14.73	8.49	4.81
39	2.67	2.66	2.64	90	15.55	8.57	4.81
40	2.71	2.71	2.68	91	16.42	8.65	4.81
41	2.76	2.75	2.72	92	17.34	8.71	4.81
42	2.81	2.80	2.77	93	18.31	8.77	4.81
43	2.86	2.85	2.81	94	19.36	8.82	4.81
44	2.91	2.90	2.86	95	20.48	8.86	4.81]
45	2.96	2.95	2.91	96	21.69	8.89	
46	3.02	3.01	2.96	97	23.03	8.91	
47	3.08	3.07	3.01	98	24.53	8.93	
48	3.14	3.13	3.06	99	26.22	8.95	
49	3.21	3.19	3.12	100	28.14	8.95	
50	3.28	3.26	3.17	101	30.35	8.96	
51	3.35	3.33	3.23	102	32.90	8.96	
52	3.43	3.40	3.29	103	35.85	8.96	
53	3.51	3.47	3.35	104	39.27	8.96	
54	3.59	3.55	3.42	105]	43.25]	8.96]	
55]	3.68]	3.64]	3.48]				

SETTLEMENT OPTIONS PROVISIONS

(continued)

**GUARANTEED BASIS – [Annuity 2000 Table, Age Last Birthday] with [1.50%] interest
Monthly Payments Per \$1,000 of Net Proceeds**

OPTION 3 - FEMALE RATES

Life Income with Fixed Period Certain of:				Life Income with Fixed Period Certain of:			
Age of Payee	Life Income Only	10 Years	20 Years	Age of Payee	Life Income Only	10 Years	20 Years
[5	[1.79	[1.79	[1.79	[56	[3.46	[3.43	[3.34
6	1.81	1.81	1.81	57	3.54	3.51	3.40
7	1.82	1.82	1.82	58	3.63	3.60	3.47
8	1.83	1.83	1.83	59	3.73	3.69	3.54
9	1.84	1.84	1.84	60	3.83	3.78	3.62
10	1.86	1.86	1.86	61	3.93	3.89	3.69
11	1.87	1.87	1.87	62	4.05	3.99	3.77
12	1.89	1.89	1.88	63	4.17	4.10	3.84
13	1.90	1.90	1.90	64	4.30	4.22	3.92
14	1.92	1.91	1.91	65	4.44	4.35	4.00
15	1.93	1.93	1.93	66	4.58	4.48	4.07
16	1.95	1.95	1.94	67	4.74	4.62	4.15
17	1.96	1.96	1.96	68	4.91	4.76	4.22
18	1.98	1.98	1.98	69	5.09	4.92	4.29
19	2.00	2.00	1.99	70	5.29	5.08	4.36
20	2.02	2.01	2.01	71	5.50	5.25	4.42
21	2.03	2.03	2.03	72	5.73	5.43	4.48
22	2.05	2.05	2.05	73	5.98	5.62	4.53
23	2.07	2.07	2.07	74	6.24	5.81	4.58
24	2.09	2.09	2.09	75	6.53	6.01	4.62
25	2.11	2.11	2.11	76	6.84	6.21	4.65
26	2.14	2.14	2.13	77	7.18	6.41	4.69
27	2.16	2.16	2.15	78	7.55	6.62	4.71
28	2.18	2.18	2.18	79	7.94	6.83	4.74
29	2.21	2.21	2.20	80	8.37	7.03	4.75
30	2.23	2.23	2.23	81	8.84	7.23	4.77
31	2.26	2.26	2.25	82	9.34	7.42	4.78
32	2.29	2.28	2.28	83	9.88	7.60	4.79
33	2.31	2.31	2.31	84	10.47	7.77	4.80
34	2.34	2.34	2.34	85	11.10	7.93	4.80
35	2.37	2.37	2.37	86	11.78	8.08	4.81
36	2.41	2.40	2.40	87	12.51	8.21	4.81
37	2.44	2.44	2.43	88	13.28	8.32	4.81
38	2.47	2.47	2.46	89	14.10	8.43	4.81
39	2.51	2.51	2.50	90	14.95	8.52	4.81
40	2.55	2.54	2.53	91	15.84	8.60	4.81
41	2.59	2.58	2.57	92	16.77	8.67	4.81
42	2.63	2.62	2.61	93	17.74	8.73	4.81
43	2.67	2.67	2.65	94	18.75	8.79	4.81
44	2.71	2.71	2.69	95	19.81	8.83	4.81]
45	2.76	2.76	2.73	96	20.94	8.87	
46	2.81	2.80	2.78	97	22.16	8.90	
47	2.86	2.85	2.83	98	23.52	8.92	
48	2.92	2.91	2.87	99	25.06	8.94	
49	2.97	2.96	2.92	100	26.82	8.95	
50	3.03	3.02	2.98	101	28.85	8.96	
51	3.09	3.08	3.03	102	31.22	8.96	
52	3.16	3.14	3.09	103	33.98	8.96	
53	3.23	3.21	3.15	104	37.22	8.96	
54	3.30	3.28	3.21	105]	41.02]	8.96]	
55]	3.38]	3.35]	3.27]				

GENERAL PROVISIONS

Entire Contract - This policy, including the attached copy of the application(s) and any attached riders and endorsements are the entire contract. This policy cannot be changed or any of its provisions waived, including any extension of time to pay premiums, except by Our President, Vice President or Secretary.

All statements made in an application are assumed, in the absence of fraud, to be representations and not warranties. No statement will be used to void this policy or defend against a claim unless it is contained in the application or a supplemental application.

Any changes, modifications, or waivers must be in writing. No agent has authority to waive a complete answer to any question, pass on insurability, make or alter any contract or waive any of the Company's rights or requirements.

Incontestability - This policy, with the exception of any provision for total and permanent disability, will be incontestable after it has been in force during the lifetime of the Insured for two (2) years from the Policy Date, as to statements made in the application, except in the case of fraud and for non-payment of premiums.

Proceeds - Proceeds means the amount payable under the terms of this policy.

Payment of Proceeds - The proceeds are subject first to any Indebtedness to the Company and then to the interest of any assignee of record. Payments to satisfy any Indebtedness to the Company and any assignee will be paid in one sum.

If the policy is in force on a premium-paying basis on the Insured's date of death, in addition to the Death Benefit the Company will refund premiums paid for any period beyond the end of the policy month in which the Insured's death occurred. If the Company pays the Death Benefit more than thirty (30) days after receiving due proof of the Insured's death, then the Company will pay interest on the Death Benefit and any refund of premiums. The interest will accrue from the date of the Insured's death until the date of payment at a rate of eight percent (8.0%) per year.

Age - Age means age last birthday.

Error in Age or Sex - If the age or sex of the Insured has been misstated, the proceeds payable will be adjusted by the difference between the monthly deductions deducted and the monthly deductions which should have been deducted accumulated at the interest rates that were credited to the Accumulation Value.

Suicide - If the Insured commits suicide while sane or insane within two (2) years after the Policy Date, the amount payable by the Company will be limited to the premiums paid prior to the Insured's death **less** any Indebtedness, and **less** any partial surrenders.

Elections, Designations, Changes and Requests - All elections, designations, changes and requests must be in a written form satisfactory to the Company and become effective when received and approved by the Company at its Home Office.

Non-Participating - This is a non-participating policy. This policy will not share in any of the Company's profits or surplus earnings. The Company will not pay dividends on this policy.

Annual Report - At least once a year, the Company will send the Owner a report which shows premiums paid, expense charges, interest credited, mortality charges, outstanding loans, current Accumulation Value, Cash Surrender Value, and all charges since the last report.

Assignment of Policy - This policy may be assigned. No assignment will be recognized by the Company unless a copy is filed with the Company. The Company will not be responsible for the validity of any assignment.

The rights of the beneficiary and Owner are subject to the rights of the assignee.

GENERAL PROVISIONS

(continued)

The claim of any assignee is subordinate to that of the Company, including any Indebtedness to the Company.

Termination of Policy - This policy will terminate when any one of the following events occur:

- (a) The Owner requests that coverage terminate in writing;
- (b) The Insured dies;
- (c) The grace period ends without payment of a premium sufficient to cover a monthly deduction.
- (d) The total Indebtedness equals or exceeds the Accumulation Value less the Surrender Charge while the Insured is alive.
- (e) The Owner elects to receive the Cash Surrender Value.

Projection of Benefits and Values - The Company will provide a projection of future death benefits and Accumulation Values at any time upon written request and payment of a service fee.

The fee payable will be the one then in effect for this service. The projection will be based on:

- (a) assumptions as to specified amounts, type of coverage option and future premium payments as may be specified by the Owner, and
- (b) such other assumptions as are necessary and specified by the Company and/or the Owner.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

Home Office

[Dallas, Texas]

Administrative Office

[300 W. 11th / P.O. Box 410288 / Kansas City, Missouri 64141-0288]

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE PLAN

DEATH BENEFIT PAYABLE AT DEATH OF INSURED

FLEXIBLE PREMIUMS PAYABLE UNTIL THE INSURED IS ATTAINED AGE 120

Non-Participating - NO DIVIDENDS APPLICABLE

<i>SERFF Tracking Number:</i>	<i>AFLC-125782585</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Americo Financial Life and Annuity Insurance Company</i>	<i>State Tracking Number:</i>	<i>40169</i>
<i>Company Tracking Number:</i>	<i>20026</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>20026 - 2001 CSO UL LifeCrest LT</i>		
<i>Project Name/Number:</i>	<i>20026 - 2001 CSO UL LifeCrest LT/20026 - 2001 CSO UL LifeCrest LT</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AFLC-125782585 State: Arkansas
Filing Company: Americo Financial Life and Annuity Insurance State Tracking Number: 40169
Company
Company Tracking Number: 20026
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: 20026 - 2001 CSO UL LifeCrest LT
Project Name/Number: 20026 - 2001 CSO UL LifeCrest LT/20026 - 2001 CSO UL LifeCrest LT

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 08/19/2008

Comments:

Attachments:

AR COC Reg 19 259 08-08.pdf
AR COC Reg 34 259 08-08.pdf
AR RDB Cert 259 08-08.pdf

Review Status:

Satisfied -Name: Application 08/19/2008

Comments:

Application form AAA5098, previously approved by the Department on 03/26/2007, will be the application used to apply for this policy [SERFF Tracking Number: AFLC-125102278].

Attachment:

AAA5098 (Prev approved 03-26-07).pdf

Review Status:

Satisfied -Name: 259 Generic Changes 09/04/2008

Comments:

Attachment:

259 Generic Changes.pdf

Review Status:

Satisfied -Name: Exhibits 09/04/2008

Comments:

Attachment:

AAA259 (08-08) Exhibits.pdf

ARKANSAS
CERTIFICATION OF COMPLIANCE

COMPANY: Americo Financial Life and Annuity Insurance Company

FORM TITLE: Flexible Premium Adjustable Life Insurance policy

FORM NUMBER: AAR259 (08/08)

I hereby certify that to the best of my knowledge and belief the above form submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Jack L. Fortini

Vice President – Legal & Secretary
Title

August 21, 2008
Date

ARKANSAS
CERTIFICATION OF COMPLIANCE

COMPANY: Americo Financial Life and Annuity Insurance Company

FORM TITLE(S): Flexible Premium Adjustable Life Insurance policy

FORM NUMBER(S): AAR259 (08/08)

I hereby certify that to the best of my knowledge and belief the above form submission complies with Regulation 34, as well as the other laws and regulations of the State of Arkansas.

Eric H. Petersen, FSA,MAAA

Assistant Vice President-Product Development
Title

August 21, 2008
Date

READABILITY CERTIFICATION

COMPANY: Americo Financial Life and Annuity Insurance Company

NAIC #: 0449-61999

I hereby certify that the form listed below has the following readability score as calculated by the Flesch Reading Ease Test.

Form Number	Form Description	Readability Score
AAR259 (08/08)	Flexible Premium Adjustable Life Insurance Policy	51.0



J. L. Fortini

Vice President Legal & Secretary

Title

August 19, 2008

Date

1. PROPOSED INSURED INFORMATION

a. Proposed Insured's Name (Last, First, MI)		b. <input type="checkbox"/> Single <input type="checkbox"/> Married	c. <input type="checkbox"/> Male <input type="checkbox"/> Female	
d. Address (If mailing address is a P.O. Box, a street address is also required)				
e. Home Phone	f. Work Phone	g. E-mail Address		
h. How long at current address? _____ If less than 5 years at current address, prior address required.			i. SS# or Taxpayer ID#	
j. Date of Birth (MM/DD/YYYY)	k. Age	l. Place of Birth (City, State, Country)	m. Height _____ ft. _____ in.	n. Weight _____ lbs.
o. Employer and Employer Address (Include City, State, and ZIP)			p. Occupation	q. Annual Salary

2. OWNER INFORMATION (If different from the Proposed Insured)

a. Owner's Name (Last, First, MI)	b. Relationship to Proposed Insured	c. SS# or Taxpayer ID#
d. Address (If mailing address is a P.O. Box, a street address is also required)		
e. How long at current address? _____ If less than 5 years at current address, prior address required.		
f. Home Phone	g. Work Phone	h. Date of Birth (MM/DD/YYYY)
i. Place of Birth (City, State, Country)		

3. PAYOR INFORMATION (If different from the Proposed Insured and Owner)

a. Payor's Name (Last, First, MI)	b. Relationship to Proposed Insured	c. SS# or Taxpayer ID#
d. Address (If mailing address is a P.O. Box, a street address is also required)		
e. How long at current address? _____ If less than 5 years at current address, prior address required.		
f. Home Phone	g. Work Phone	h. Date of Birth (MM/DD/YYYY)
i. Place of Birth (City, State, Country)		

4. PRODUCT INFORMATION

a. Product Name <input type="checkbox"/> Classic Life <input type="checkbox"/> LifeCrest <input type="checkbox"/> LifeCrest Index <input type="checkbox"/> LifeCrest LT <input type="checkbox"/> LifeTerm Series*: _____ <input type="checkbox"/> Quality 25 <input type="checkbox"/> Other _____		b. Face Amount \$ _____	
		c. Was premium collected with application? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate amount collected: \$ _____	
		d. Planned Premium (Subject to change upon underwriting review) \$ _____	
e. Effective Date (If not checked, will be "Issue Date". Date cannot be the 29 th , 30 th , or 31 st of the month.) <input type="checkbox"/> Issue Date <input type="checkbox"/> Save Age of _____ <input type="checkbox"/> Specific Date _____	f. To be issued under (Subject to availability) <input type="checkbox"/> 403(b) <input type="checkbox"/> Other _____	g. Death Benefit Option (Select UL Products only; will be Option A if not checked.) <input type="checkbox"/> A-Level <input type="checkbox"/> B-Increasing	h. Initial Allocation Percentage [LifeCrest Index only] Indexed Option _____ % Declared Interest Option _____ % Total Must Equal 100%
i. Premium Mode (Subject to availability) (Note: additional charges may apply for modes other than annual.) <input type="checkbox"/> Annually <input type="checkbox"/> List Bill No. _____ <input type="checkbox"/> Semi-Annually <input type="checkbox"/> FEDD <input type="checkbox"/> Quarterly <input type="checkbox"/> Military Allotment <input type="checkbox"/> Monthly Bank Draft (Drawn on a U.S. bank) <input type="checkbox"/> Other (Provide source of funds) _____		j. Premium Class Applied For (Will be "Standard" if not checked; subject to availability) <input type="checkbox"/> Ultra Preferred <input type="checkbox"/> Standard Nicotine <input type="checkbox"/> Preferred Non-Nicotine <input type="checkbox"/> Non-Smoker Select <input type="checkbox"/> Preferred Nicotine <input type="checkbox"/> Select <input type="checkbox"/> Standard Non-Nicotine <input type="checkbox"/> Standard	

5. RIDERS (Please verify that the rider is available for the product selected to avoid amendments.)

<input type="checkbox"/> Accidental Death Benefit \$ _____	<input type="checkbox"/> Guaranteed Insurability Rider	<input type="checkbox"/> Waiver of Specified Premium (UL Only) \$ _____
<input type="checkbox"/> Additional Insured* \$ _____	<input type="checkbox"/> Return of Premium Rider _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Child Rider* \$ _____	<input type="checkbox"/> Spouse Rider* \$ _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Disability Income Rider** \$ _____ <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years (If applicable)	Spouse's Occupation _____	*Complete Additional Insured section on page 2 of this application.
<input type="checkbox"/> Exchange Rider	<input type="checkbox"/> Waiver of Cost of Insurance (UL Only) _____	**Complete additional supplemental application.
	<input type="checkbox"/> Waiver of Premium (Not available on UL) _____	

6. LIFE INSURANCE IN FORCE AND REPLACEMENT INFORMATION

- a. Does any Owner have any existing life insurance policies or annuities on the life of any Proposed Insured? *(If Yes, provide information below.)* ☐ Yes ☐ No
- | Insured's Name
(Last, First, MI) | Company | Owner | Life Amount | Accidental
Death Benefit | Policy Date
(MM/DD/YYYY) |
|-------------------------------------|---------|-------|-------------|-----------------------------|-----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
- b. Will the life insurance policy applied for replace, or otherwise reduce in value, any existing life insurance policies or annuities now in force? *(If Yes, complete applicable Replacement Notice form and submit with application. Note: Application and Replacement form must be dated on the same day.)* ☐ Yes ☐ No
- c. Are any other applications for life or supplemental health insurance pending with other companies? *(If Yes, provide details below.)* .. ☐ Yes ☐ No
- d. Is this an internal replacement? *(If Yes, include a Surrender form or Absolute Assignment form for the policy being replaced.)* .. ☐ Yes ☐ No
- e. *If a current policy is being replaced*, indicate the amount of surrender charges that will be assessed. \$
- f. If a 1035 exchange, indicate value to be transferred *(Include Absolute Assignment form)*. \$

7. BENEFICIARY INFORMATION *(Include percentage shares. If shares are not given, they will be equal)*

<i>If not specified, all beneficiaries will be Primary.</i>	Name	SS# or Taxpayer ID#	Relationship	Date of Birth	% of Share (Must total 100%)
Primary					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

For Qualified 403(b) Plans: If beneficiary is someone other than the Proposed Insured's spouse, then spouse's signature is required.

Spouse's Signature _____ Date _____

8. ADDITIONAL INSURED(S) *(To include Spouse Rider, Additional Insured, Child Rider)*

Name of Other Proposed Insured (Last, First, MI)	Date of Birth (MM/DD/YYYY)	State of Birth	Sex	Height	Weight (lbs.)	SS# or Taxpayer ID#	Relationship to Primary Proposed Insured
			<input type="checkbox"/> M <input type="checkbox"/> F	' "			
			<input type="checkbox"/> M <input type="checkbox"/> F	' "			
			<input type="checkbox"/> M <input type="checkbox"/> F	' "			
			<input type="checkbox"/> M <input type="checkbox"/> F	' "			
			<input type="checkbox"/> M <input type="checkbox"/> F	' "			

9. PERSONAL STATEMENT *(To be completed if amount applied for and in force with the Company is over \$500,000)*

- | a. Personal Finances | | | | | b. Business Finances | | |
|----------------------|-------------------|-----------|------------------------|---------------------------|----------------------|-------------------|------------|
| Total Assets | Total Liabilities | Net Worth | Income from Occupation | Income from other Sources | Annual Sales | Total Liabilities | Net Income |
| \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
- c. What is the purpose of this insurance?
- ☐ Family Protection
- ☐ Key Man
- ☐ Buy/Sell If checked, are partners applying for a like amount of coverage or have coverage in force? ☐ Yes ☐ No
- ☐ Debt Protection (If checked, state loan amount and terms of agreement)
- ☐ Other
- d. Have you or your company ever filed for bankruptcy? ☐ Yes ☐ No *(If Yes, provide full details in "Additional Comments" section below and include discharge date, if applicable.)*

10. ADDITIONAL COMMENTS

DECLARATION OF INSURABILITY *(Provide details of all "Yes" answers below)*

Yes No

11. Has any Proposed Insured:

- a. used cigarettes, cigars, pipes, chewing tobacco, nicotine patches, snuff, nicotine chewing gum, or other products containing nicotine within the last 12 months? ☐ Yes ☐ No
- b. If No and applying for **Ultra Preferred**, how long has it been since using tobacco or nicotine products? ☐ Never ☐ 12-35 mths ☐ 36 mths or more

12. Within the past 2 years, has any Proposed Insured:

- a. made or contemplated making any flights as a pilot, student pilot or member of a flight crew? **(If Yes, complete Aviation Questionnaire)** ☐ Yes ☐ No
- b. engaged in or contemplated engaging in hazardous sports including, but not limited to: bungee or base jumping, parachuting, hang gliding; competitive skiing/snowboarding (such as heli skiing or ski jumping); diving activities (such as scuba, cave diving, or underwater photography); canyoning, kayaking, or whitewater rafting; organized racing (such as in/on automobiles, drag racers, or motorcycles); rock or mountain climbing, rodeo riding, or any other hazardous sport/activity? **(If Yes, complete Sports Questionnaire)** ☐ Yes ☐ No

13. Has any Proposed Insured:

- a. been convicted of reckless driving or driving under the influence of alcohol or drugs in the past 5 years? ☐ Yes ☐ No
- b. had a driver's license suspended or revoked within the last 5 years? ☐ Yes ☐ No
- c. been convicted of or plead guilty to more than 2 moving violations in the past 5 years? **(Ultra Preferred)** ☐ Yes ☐ No
- d. been convicted of or plead guilty to more than 3 moving violations in the past 3 years? **(Preferred)** ☐ Yes ☐ No

14. Driver's License Number(s) during the past five (5) years

Name of Proposed Insured(s) on Driver's License	Driver's License Number	State Issued

15. Within the past 7 years, has any Proposed Insured:

- a. been treated for or been advised or diagnosed by a medical professional to seek treatment for, reduce or discontinue intake of alcohol or prescription drugs? **(If Yes, complete Alcohol Questionnaire)** ☐ Yes ☐ No
- b. used: heroin, morphine, other narcotics, ecstasy, opium derivatives, marijuana, cocaine, crack, barbiturates, amphetamines, methamphetamines, or hallucinogens or any other illegal, restricted, or controlled substances? **(If Yes, complete Drug Questionnaire)** ☐ Yes ☐ No
- c. been convicted of, plead guilty to, or entered a plea of nolo contendere to any felony? ☐ Yes ☐ No
- d. been diagnosed with or been advised to have or had treatment for high blood pressure, heart disease/disorder, stroke, lung or respiratory disorder, sleep apnea, cancer, diabetes, digestive disorder, kidney or liver disease to include hepatitis, emotional or psychiatric disorder, Crohn's disease or ulcerative colitis, Alzheimer's disease, dementia, nervous system disorder, paralysis, circulatory or blood disorders, sexually transmitted diseases, chronic fatigue syndrome, lupus, or any blood disorders or birth defects? ☐ Yes ☐ No
- e. had any disease or disorder not mentioned above? ☐ Yes ☐ No
- f. consulted a physician to have tests performed such as an EKG, echocardiogram, X-ray, blood tests, or been hospitalized for any reason? ☐ Yes ☐ No

16. Have you ever been diagnosed as having, or been told by a medical professional that you have, or been treated by a medical professional for, Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC) or any immune deficiency related disorder or tested positive for antibodies to the Human Immunodeficiency Virus (HIV)? ☐ Yes ☐ No17. Within the next 24 months, does any Proposed Insured intend to work, travel, or reside for any period of time outside of the United States? If Yes, for what reason and where? **(If Yes, complete Travel Questionnaire)** ☐ Yes ☐ No

18. Do any of the Proposed Insured(s):

- a. currently use prescription medicines? **(If Yes, list each medication and advise reason taking below.)** ☐ Yes ☐ No
- b. currently have a personal physician? **(If Yes, list name, address, and telephone number and provide date, reason and results of last consultation below.)** ☐ Yes ☐ No

19. Has any Proposed Insured ever been declined, postponed, rated, or modified for insurance? ☐ Yes ☐ No20. Please provide details of all "Yes" answers in the area below. *(Attach a separate sheet if more space is needed; additional sheet MUST be signed and dated by applicable Proposed Insured/Owner to avoid amendments.)*

Question #	Proposed Insured	Dates/Duration	Details	Name, Address, and Telephone Number of Attending Physician

AUTHORIZATION AND ACKNOWLEDGMENT

I/We authorize any insurance company, employer, physician, medical professional, hospital, medical facility, consumer reporting agency, the Medical Information Bureau, or any other person or organization that has any record of information about me/us or my/our minor children who are to be insured, to give to Americo Financial Life and Annuity Insurance Company, its reinsurers or its authorized representatives, information about other insurance coverage, employment, age, general character, finances, participation in hazardous activities, medical care or advice about any physical or mental condition including information about drugs and alcoholism, or other information Americo Financial Life and Annuity Insurance Company requires to determine insurability or eligibility for benefits. I/We further authorize the sources listed above except the Medical Information Bureau to give such information to a consumer reporting agency acting on behalf of Americo Financial Life and Annuity Insurance Company.

Americo Financial Life and Annuity Insurance Company may release information obtained by this Authorization to its reinsurers, to the Medical Information Bureau, to other insurers with whom I/we have policies or to whom I/we may apply or submit a claim, to other persons or organizations performing business or legal services in connection with an insurance transaction for me/us, or as may otherwise be lawfully required.

I/We have received a copy of the Notice of Insurance Information Practices. I/We, or my/our authorized representative, may obtain a copy of this Authorization on request. This Authorization will be valid for 24 months from the date signed. It is the Company's practice to prohibit third parties who lawfully receive nonpublic health information from redisclosing or reusing the disclosed information. A photographic copy shall be as valid as the original. I/We understand that a copy of this authorization will be provided, upon request, to me/us or a person authorized on my/our behalf. I/We understand that disclosure of information to the Company may subject the information to redisclosure in accordance with the Company's privacy policy and MIB, Inc. rules. This authorization may be revoked; however, it may not be revoked during the contestability period of the policy or to the extent the Company has taken action in reliance on this authorization. Notice of revocation may be sent, in writing, to the Company at its Administrative Office address.

IN ACCORDANCE WITH STATE LAW, WE MUST PROVIDE YOU WITH THE FOLLOWING FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

AZ Residents Only: Upon written request, we will provide you with information regarding the benefits and provisions of the annuity contract for which you are applying. If you are not satisfied with this contract, you may return it within 10 days, or 30 days if the owner is age 65 or over, after the date you receive it. Any premium paid will be refunded without interest.

AR, LA, NM, and OK Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, submits an application for insurance containing any materially false, incomplete, or misleading information, or conceals for the purpose of misleading, any material fact, is guilty of insurance fraud, which is a crime in certain states, a felony. Penalties may include imprisonment.

CA Residents Only: § 789.8 The sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties. You or your agent may wish to consult independent legal or financial advice before selling or liquidating any assets prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.

District of Columbia Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FL Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KY and PA Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

ME, TN and VA Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

OH Residents Only: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Puerto Rico Residents Only: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

WA Residents Only: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

REQUEST FOR OWNER'S TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION: Under penalties of perjury, I as the Owner, certify that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).

I/We represent to Americo Financial Life and Annuity Insurance Company that the statements made on this application are true, complete and correctly recorded to the best of my/our knowledge and belief. I/We agree that the Company can rely on these statements. I/We agree that this application and/or any medical exam form and any supplemental application or amendment to the application will be the basis for any policy issued on this application or any amendment to the application. Any policy issued on this application will be deemed to be delivered in and governed by the laws of the jurisdiction in which this application was signed.

The **USA PATRIOT Act** requires all financial institutions, including insurance companies, to verify the identity of their customers. Providing your name, address, date of birth and taxpayer identification number allows us to verify your identity. Our verification process may include the use of third-party sources to verify the information provided.

Signature of Proposed Insured

Signature of Owner or Trustee

Name of Trust (If applicable)

Signature of Additional Proposed Insured

Signature of Parent or Legal Guardian for
Insureds Age 15 and Under (If Applicable)

Signature of Witnessing Agent (Required)

Signed at (City and State) _____ on (Month/Day/Year) _____

AGENT'S REPORT

Yes No

Proposed Insured's Name: _____

1. Is the Agent related to the Proposed Insured(s)? ☐ ☐

If Yes, provide relationship: _____

Provide details of all "No" answers in the "Agent Comments/Remarks" area below.

2. How long has the Agent known the Proposed Insured(s)? _____
3. At the time this application was taken, were all of the Proposed Insured(s) present and did you witness their signatures? ☐ ☐
4. Did the Proposed Insured(s) directly respond to each application question? ☐ ☐
5. Was a government-issued picture I.D. requested, reviewed, and confirmed (by reviewing a second document such as a utility bill, tax return, etc.) for the Proposed Insured, Owner, and Payor (if different than the Proposed Insured)? ☐ ☐

Provide details of all "Yes" answers in the "Agent Comments/Remarks" area below.

6. Did the applicant approach you to purchase insurance? (If Yes, please list their stated need for the insurance in "Agent Comments/Remarks" section below.) ☐ ☐
7. Does the applicant have any existing life insurance policies or annuities on the life of any Proposed Insured? ☐ ☐
8. Will the life insurance policy applied for replace, or otherwise reduce in value, any life insurance policy or annuity now in force? ☐ ☐
- (If Yes to either question 7 or 8 above, complete applicable replacement form. Copies of replacement forms are to be provided to both the Owner and the Company.)

Agent Comments/Remarks:

I hereby certify that I have personally asked each question on this application to the Proposed Insured(s), that I have truly and accurately recorded on the application the information supplied by him/her, and that I have no reason to believe that any of the information provided is inaccurate or incomplete. If not, I have set forth my reservations in the "Agent Comments/Remarks" section above.

Print Agent's Name_____
Agent's Signature_____
Americo Agent Number_____
Agent's Phone Number_____
Agent's Fax Number_____
Agent's E-mail Address

Name(s) of Agent(s) to whom commissions are to be paid if different from the above agent.

Name	Agent #	% Split	Name	Agent #	% Split

Preferred Underwriting:

Minimum requirements for Ultra Preferred and Preferred rates
include a Paramed Exam, HOS, and Blood Profile.

Flexible Premium Adjustable Life Insurance Policy
Generic Revisions – Policy Series 259
LifeCrest LT

Summary of Significant Changes: 2001 CSO Mortality Tables; Maturity age 120; Guaranteed Interest Rate 4.0%

Entire Policy

- Form number changed to A[XX]259 (08/08)

Cover Page (pg. 1)

- Right to Examine
 - Replace “20 day” Right to Examine with “30 day” Right to Examine
 - Replace Dallas address with Kansas City address
- Description
 - Replace “Age 100” with “Age 120”

Alphabetical Index (pg. 2)

- After Age 100.....8
 - Replace “Age 100” with “Age 120”

Data Page 3

- Delete, “Effective Date”
- Replace “Policy Date” with “Policy Effective Date”
- Guaranteed Interest Rate changed from 3.5% to 4.0%.

Data Page 4

- Revised Table of Monthly Guaranteed Cost of Insurance Rates per \$1,000 description

“THE MONTHLY GUARANTEED COST OF INSURANCE RATES SHOWN ABOVE ARE BASED ON THE COMMISSIONER'S 2001 STANDARD ORDINARY MORTALITY TABLE, AGE LAST BIRTHDAY AND THE INSURED'S SEX AND PREMIUM CLASS AT ISSUE. HOWEVER, THE ACTUAL COST OF INSURANCE RATES WILL NOT BE GREATER THAN THOSE SHOWN ABOVE.”

Data Page 6

- Monthly Expense Charges for years 1-5 and 6+ changed to same for all years.
- Policy Charge same for years 1-5 and 6+ changed to same for all years
- Percentage of Premium Expense Charges is deleted.

Data Page 7

- Coverage Protection Load
 - Up to and including Target Premium for years 1-10 and 11+ changed to same for all years. 7%
 - In excess of Target Premium for years 1-10 and 11+ changed to same for all years. [7%]

Flexible Premium Adjustable Life Insurance Policy
Generic Revisions – Policy Series 259
LifeCrest LT

Summary of Significant Changes: 2001 CSO Mortality Tables; Maturity age 120; Guaranteed Interest Rate 4.0%

- Coverage Protection Charge – Table runs to age 86+.

Page 8 – Policy Date Provisions

- After Age 100 – 100 changed to 120.

Page 9 – Premium Payment Provisions

- Unscheduled Premiums – Age 100 changed to 120

Page 9 – Grace Period and Reinstatement Provisions

- Reinstatement – Insured's age 100 changed to 120.

Page 11 – Non-Forfeiture Provisions

- Percentage of Premium Expense Charges – Revised language
Percentage of Premium Expense Charges - The ~~guaranteed maximum~~ Percentage of Premium Expense Charges for the policy and riders, if any, are subject to a guaranteed maximum and are shown on the Policy Data Page. The Percentage of Premium Expense Charges are deducted from premiums received by the Company.

Page 13 – Non-Forfeiture Provisions

- Coverage Protection Guarantee – Add disclosure, “Payment of only the premiums required to satisfy the Coverage Protection Guarantee may not allow the advantage of building up significant Accumulation Value.”

Page 13 – Policy Loan Provisions

- Indebtedness – Revised language

Indebtedness – Indebtedness means all existing loans on this policy plus earned interest which has either accrued or been added.

~~Notwithstanding the Coverage Protection Guarantee, at any time total indebtedness equals or exceeds the Accumulation Value, less the Surrender Charge, the policy will terminate without value. At least 30 days before the date the policy will terminate without value, the Company will send notice of its intention to void the policy to the last known address of the Owner and any assignee of record.~~

If at any time the total Indebtedness equals or exceeds the Accumulation Value less the Surrender Charge, then the Coverage Protection Guarantee will not prevent the Policy from terminating without value. At least thirty (30) days before the date the policy terminates without value, a notice will be sent to the last known address of the Owner and any assignee of record.

Flexible Premium Adjustable Life Insurance Policy
Generic Revisions – Policy Series 259
LifeCrest LT

Summary of Significant Changes: 2001 CSO Mortality Tables; Maturity age 120; Guaranteed Interest Rate 4.0%

Page 14 – Policy Loan Provisions

▪ **Loan Interest – Revised**

Loan Interest - Loan interest will accrue from the date each loan is made. Loan interest is payable in advance at the beginning of each policy year or when a loan is made or increased. If interest is not paid when due, it will be added to the loan and bear interest on the same terms as the loan.

After a loan is made, the remaining Cash Surrender Value must be sufficient to provide for the monthly deduction until the next policy anniversary.

Except as provided below, a loan secured by this policy will bear interest at the rate of ~~5.21~~5.66% per year in advance (~~5.50~~6.00% effective rate).

The Owner may be eligible for a loan at an interest rate of ~~3.38~~3.85% per year in advance (~~3.50~~4.00% effective rate). Such ~~3.38~~3.85% loan may be taken if the effective date of the loan is on or after:

- (a) the tenth policy anniversary, if the Insured, was age 55 or less on the Policy Date; or
- (b) the Insured's 65th birthday, if the Insured was age 56 to 60 on the Policy Date; or
- (c) the fifth policy anniversary, if the Insured was age 61 or more on the Policy Date.

The maximum amount which may be loaned during any one policy year at an interest rate of ~~3.38~~3.85% per year, may not exceed 15% of the Cash Surrender Value at the end of the preceding policy year.

Amounts loaned in excess of the maximum amount, at an interest rate of ~~3.38~~3.85% per year during any one policy year, will bear interest at an interest rate of ~~5.21~~6.00%.

Table 1
Guaranteed Monthly Cost of Insurance Rates per \$1,000 of NAR

Attained Age	Non-nicotine		Nicotine	
	Male	Female	Male	Female
18	0.07670	0.09505	0.03584	0.04251
19	0.07837	0.10256	0.03750	0.04668
20	0.07920	0.10840	0.03750	0.04918
21	0.07920	0.11341	0.03917	0.05251
22	0.07920	0.11925	0.04001	0.05501
23	0.08004	0.12510	0.04001	0.05752
24	0.08087	0.13177	0.04167	0.06085
25	0.08337	0.13929	0.04251	0.06586
26	0.08671	0.14680	0.04584	0.07003
27	0.08838	0.15098	0.04751	0.07420
28	0.08671	0.15181	0.05001	0.07920
29	0.08588	0.15098	0.05251	0.08421
30	0.08504	0.15014	0.05501	0.08921
31	0.08421	0.15098	0.05835	0.09589
32	0.08504	0.15348	0.06169	0.10256
33	0.08754	0.15849	0.06586	0.11091
34	0.08921	0.16434	0.07086	0.12176
35	0.09338	0.17102	0.07670	0.13261
36	0.09756	0.18104	0.08254	0.14346
37	0.10340	0.19274	0.08754	0.15265
38	0.11091	0.20694	0.09172	0.16183
39	0.11758	0.22282	0.09672	0.17185
40	0.12677	0.24204	0.10256	0.18271
41	0.13762	0.26545	0.10924	0.19524
42	0.15098	0.29305	0.11675	0.21112
43	0.16684	0.32568	0.12593	0.22867
44	0.18438	0.36251	0.13678	0.24957
45	0.20360	0.39936	0.14931	0.27382
46	0.22282	0.43623	0.16434	0.30225
47	0.23870	0.46724	0.18188	0.33740
48	0.25124	0.49072	0.20109	0.37926
49	0.26712	0.52092	0.22282	0.42617
50	0.28803	0.56036	0.24706	0.47647
51	0.31480	0.61159	0.27465	0.53183
52	0.34745	0.67377	0.30560	0.59143
53	0.38512	0.74863	0.33824	0.65612
54	0.43288	0.83787	0.37256	0.72507
55	0.48653	0.93313	0.41193	0.79829
56	0.54190	1.03188	0.45467	0.87664
57	0.59563	1.12315	0.49995	0.95591
58	0.64939	1.21030	0.54693	1.03864
59	0.71245	1.31280	0.59479	1.12738
60	0.78903	1.43920	0.64519	1.21961
61	0.88254	1.59389	0.70068	1.31958
62	0.99135	1.77190	0.75957	1.42562
63	1.11047	1.96315	0.82187	1.53436
64	1.23485	2.15488	0.89012	1.65176
65	1.36452	2.34278	0.96603	1.77872
66	1.49611	2.52512	1.04878	1.91700
67	1.63388	2.70962	1.14091	2.07094
68	1.77958	2.89889	1.24332	2.23976
69	1.94349	3.10770	1.35519	2.42616
70	2.13517	3.34754	1.48167	2.63715
71	2.36856	3.64315	1.62622	2.87380
72	2.64232	3.98815	1.78469	3.13200

Table 1

Guaranteed Monthly Cost of Insurance Rates per \$1,000 of NAR

Attained Age	Non-nicotine		Nicotine	
	Male	Female	Male	Female
73	2.93178	4.33734	1.95802	3.41459
74	3.24404	4.71735	2.15059	3.71133
75	3.58551	5.14198	2.36255	4.02414
76	3.97236	5.61554	2.59577	4.36379
77	4.42467	6.16691	2.85477	4.73152
78	4.95336	6.80410	3.13808	5.13040
79	5.55014	7.51176	3.45031	5.56178
80	6.22109	8.29272	3.83998	6.10285
81	6.95715	9.13131	4.32147	6.76952
82	7.74449	10.00372	4.83438	7.46218
83	8.61347	10.94457	5.37661	8.17591
84	9.59129	12.02241	5.98568	8.92619
85	10.69345	13.26260	6.60776	9.62620
86	11.92415	14.63048	7.34936	10.44314
87	13.27645	16.11092	8.27510	11.46857
88	14.74026	17.68481	9.26366	12.50867
89	16.30606	19.33694	10.26022	13.47256
90	17.89756	20.96677	11.00219	14.02589
91	19.49637	22.54981	11.71833	14.48266
92	21.20724	24.20857	12.92017	15.47853
93	23.05252	25.96112	14.57916	16.90997
94	25.04434	27.87491	16.69574	18.94988
95	27.06773	29.84960	19.06590	21.42649
96	29.09468	31.77084	21.47261	23.86019
97	31.31289	33.84757	23.07493	25.34029
98	33.74872	36.10015	23.95876	25.94136
99	36.43252	38.54895	25.82519	27.58356
100	39.08352	40.90942	28.31934	29.86059
101	41.51094	42.98363	31.12152	32.39776
102	44.17630	45.22388	34.32816	35.24975
103	47.11034	47.64577	37.98547	38.43866
104	50.33183	50.49925	42.17258	42.28387
105	53.86988	54.03323	46.84848	46.95887
106	57.80265	57.96197	51.93332	52.04122
107	62.19404	62.35122	57.45218	57.56079
108	67.12721	67.27861	63.47853	63.58618
109	72.70104	72.85059	70.20951	70.31628
110	79.04542	79.19118	77.55774	77.66343
111	83.33333	83.33333	83.33333	83.33333
112	83.33333	83.33333	83.33333	83.33333
113	83.33333	83.33333	83.33333	83.33333
114	83.33333	83.33333	83.33333	83.33333
115	83.33333	83.33333	83.33333	83.33333
116	83.33333	83.33333	83.33333	83.33333
117	83.33333	83.33333	83.33333	83.33333
118	83.33333	83.33333	83.33333	83.33333
119	83.33333	83.33333	83.33333	83.33333